

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10623122

FILING DATE

APPLICA

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6		1		1		
7		2		1		
8		1		1		
9	1		1			
10		1		1		
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		3		1		
16		1		1		
17		1		1		
18		1		1		
19		1		1		
20		3		1		
21		1		1		
22		1		1		
23		1		1		
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		23	←		←
TOTAL CLAIMS		27				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						